

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1367.98		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.92674		
Purpose of Expenditure AGENCY FEES - CONSULTING - DIRECT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2016		
Name of Federal Candidate DONALD TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		175092.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1367.97		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.92675		
Purpose of Expenditure AGENCY FEES - CONSULTING - DIRECT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2016		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		175092.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2735.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
08 / 16 / 2016

Signature